

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED JAN 26 1950

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 402	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY ST. LOUIS		a. STATE MISSOURI		b. COUNTY ST. LOUIS		admission.	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) 12 YRS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2237	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2672 A CALIFORNIA		d. STREET ADDRESS (If rural, give location) 23 2672 A CALIFORNIA					
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) WILLIAM		c. (Last) HOFFMAN	
4. DATE OF DEATH		(Month) JAN		(Day) 12		(Year) 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH OCT 29 1873	
9. AGE (In years last birthday) 76		10. MONTHS 2		11. DAYS 13		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DAIRYMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME WILLIAM HOFFMAN		13b. MOTHER'S MAIDEN NAME MARY GERHARDT		14. NAME OF HUSBAND OR WIFE MRS. ELIZABETH HOFFMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J.H. Carpenter		ADDRESS 7001 2 MICHIGAN ST. LOUIS MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction of Heart		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				4 yrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerosis				10 yrs	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 14221			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 4/3 , 19 43 , to Jan 12, 1950 , that I last saw the deceased alive on Jan 12, 1950 , and that death occurred at 9:17 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Edroyal T. ...		(Degree or title) M.D.		23b. ADDRESS 7110 Michigan Ave		23c. DATE SIGNED 1-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN 14, 1950		24c. NAME OF CEMETERY OR CREMATORY WATERLOO		24d. LOCATION (City, town, or county) (State) WATERLOO MONROE ILLINOIS	
DATE REC'D BY LOCAL REG. JAN 14 1950		REGISTRAR'S SIGNATURE J.B. Loeater		25. FUNERAL DIRECTOR'S SIGNATURE Emil Quenken		ADDRESS WATERLOO ILL.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed B. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.